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# **HAYWARD YOUTH COMMISSION**

## **2015 APPLICATION**

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The Hayward Youth Commission (HYC) advises the Mayor and City Council, and the elected boards of the Hayward Area Recreation and Park District (HARD) and Hayward Unified School District (HUSD), about issues that affect young people in the Hayward community. Members may also work on a number of projects and activities throughout the year such as identifying youth needs, organizing youth conferences, and more. Serving on the HYC counts towards community service hours!

The Hayward Youth Commission currently meets at 6:30 p.m. on the first and third Monday of each month from September to June, except holidays.

### **APPLICANTS MUST MEET THE FOLLOWING CRITERIA:**

1. Live in the City of Hayward or within the boundaries of the Hayward Unified School District.
2. Be between the ages of 13 and 20 years old at the time of appointment.

### **APPLICATION PROCESS:**

Applicants are interviewed by a committee of representatives from each of the three elected bodies who then recommend the new members. Selected members are appointed by the City Council at a Council meeting. Commissioners are eligible for reappointment to additional terms as long as they continue to meet the criteria for membership and have actively participated in Commission meetings.

The Office of the City Clerk will notify qualified applicants of the date and time of the interviews.

All applicants under 18 years of age must have parent/legal guardian consent to participate in this Commission by completing the Hayward Youth Commission Parent Agreement and Contact Information form.

Applications must be completed and submitted to the Office of the City Clerk no later than **5:00 p.m. on Thursday, May 14, 2015.**

### **Submit this Application to the:**

Office of the City Clerk  
777 B Street  
Hayward, CA 94541-5007

**QUESTIONS:** Please call the City Clerk at (510) 583-4400.



*Hayward  
Youth  
Commission*



*City of Hayward*



*Hayward  
Unified School  
District*



*Hayward Area  
Recreation &  
Park District*

# 2015 Hayward Youth Commission Application

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*Application should be completed in black ink or typed*

**Applicant Name:** \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Male Female

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ (MM-DD-YYYY)

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

Have you ever served on the Hayward Youth Commission?

☐ Yes ☐ No (If Yes, When? \_\_\_\_\_)

What school will you be attending in Fall 2015? \_\_\_\_\_

At what grade level? \_\_\_\_\_

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## Essay Questions

*(Please answer all of the questions listed. Any extra sheets of paper you use must contain your signature at the bottom of each page):*

1. Why would you like to participate in the Hayward Youth Commission?
2. How have you demonstrated the characteristics of a leader among your peers?
3. What special skills/abilities do you possess that will make you an effective Commissioner?

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If applicant is under 18 years of age, consent from a parent or legal guardian is required.**

Parent/ Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Legal Guardian Printed Name: \_\_\_\_\_

## Hayward Youth Commission– Parent Agreement and Contact Information

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In consideration of the City's authorization to allow my child to participate as a Hayward Youth Commissioner, I hereby agree and acknowledge on behalf of my child (Print Child's First & Last Name: \_\_\_\_\_) the following:

- a. I represent that I am the legally responsible guardian for the above named child. I fully consent to my child's participation as a volunteer for the City of Hayward. As used "parent" refers to me and "child" refers to my child.  
Is any custody order affecting the child? ☐ Yes ☐ No If yes, please attach it.
- b. I agree to inform a representative of the City of Hayward of any special needs of my child.
- c. I give the City of Hayward and any other media sources my full permission to use my child's name and/or pictures, or voice recordings, for any publicity and/or promotional purposes without obligation or liability to me or my child.
- d. That the City of Hayward, its officers, employees, agents volunteers, and sureties, and each of them shall not be responsible or liable for any wrongful death, personal injury, or damage or loss of property incurred by my child while participating as a City of Hayward volunteer, whether the same shall arise by the negligence or omission of any said persons, or otherwise.
- e. That for my child, all the information provided in this application is true and correct.

**Parent / Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Other Emergency Contact Name:** \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_